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Dear Community Providers:

The Division of Comprehensive Psychiatric Services has established a higher billing rate for Psychosocial Rehabilitation (PSR) that supports a wellness/illness management and recovery approach. Although there is no increase in the overall allocation, providers may redirect their efforts as described below and be reimbursed at a higher rate for each unit. An agency may choose to change the entire PSR program to a wellness/recovery oriented program, change part of their current program or choose not to change at this time. Included in this letter are the service code, rate and definition for the enhanced PSR service. This new rate is available only for certified Adult CPR programs.

The menu of possible wellness/recovery services includes health and wellness approaches, an illness management & recovery approach, the use of Peer Specialists as health coaches, Wellness Recovery Action Planning, Procovery Circles or other approaches that support a deeper understanding of recovery. (Full descriptions of these alternatives are available from the links at the end of this letter.)

We have attached two pie charts at the end of this letter to depict the type of transformation that could be accomplished in the way the PSR services are provided. Chart A shows a schedule that is heavily weighted toward recreation compared with Chart B, where wellness and recovery activities predominate. We have created these charts from schedules from current PSR programs. These charts demonstrate that some programs may remain the same and bill at the higher rate because they are already providing these services.

Agencies interested in using the higher rate should submit a letter of intent outlining a proposal for enhanced PSR services that would be billable at the higher rate. Please describe the wellness/recovery services to be provided and detail how this will be accomplished, including planned programming, curriculum to be used, staff training and

qualifications for staff per proposed program activity type. Use of the new code will be granted upon approval of the proposal. Review of the new programming will occur at the next scheduled annual survey even if review of PSR programming is waived due to accreditation by JCAHO, CARF or COA.

In the event that a program is certified by the International Center for Clubhouse Development (ICCD), it will be “deemed” as meeting the higher rate standard if:

- The program submits its most recent ICCD certification report and;
- Submits a description of how the clubhouse will insure that for the services funded thru DMH, it will not be a static experience, but will support recovery leading to community integration.
- Clubhouses will have site review on the same schedule as their regular Certification.

Background and rationale for this change

According to SAMSHA's National Consensus Statement on Mental Health Recovery *“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential”*.

Recovery is cited, within Transforming Mental Health Care in America, Federal Action Agenda: First Steps, as the *“single most important goal”* for the mental health service delivery system.

The Missouri Department of Mental Health fully embraces the concept of recovery by directing our mental health service delivery system toward a focus on the ability of our consumers to live, work, learn and fully participate in their community. The total service delivery system must integrate two important keys to recovery while using a person centered approach: the treatment of illness and the promotion of wellness.

Treatment has traditionally included clinical services such as medication services, case management and a variety of other services and therapies. Most recently the field has moved toward Evidence Based Practices such as Assertive Community Treatment, Integrated Dual Disorders Treatment, Cognitive Behavioral Therapies and Disease Management. All of these evidence based practices have a variety of core competencies in common such as motivational approaches, harm reduction and an overall person centered approach.

Wellness: *“A lifestyle incorporates a self-defined balance of healthy habits such as adequate rest, exercise, nutrition, productivity, social contact/supportive relationships and engagement in meaningful productive activity/occupation”* (Swarbrick, 1997. 2006)

The second primary focus of our service delivery system must include services that promote physical and mental health, wellbeing, and mind/body/spirit integration included in the individualized plan of treatment for serious mental illness. This can be accomplished by using peer supports, self-help of various types and by supporting the belief in recovery.

The integration of these two domains within the total service delivery system (of which PSR is one component) creates a foundation that supports and nurtures all components that are the basis of recovery: Hope, Self-Direction, Empowerment, Holistic, Individualized & Person Centered, Non-Linear, Strengths-Based, Peer Support, Respect and Responsibility.

Service Code, Rate, Definition, and Documentation Requirements

Psychosocial Rehabilitation – Illness Management Recovery

Medicaid service code - H2017TG

POS service code - H2017G

15 minute unit

Provider Pay Rate: \$4.38 per unit

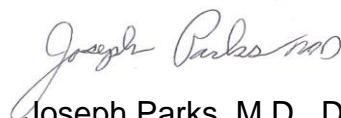
Medicaid billing rate: \$4.95 per unit

Service description: Department approved psychosocial services provided individually or in a small group setting with a focus on recovery and the management of mental illness. Core components provided include psychoeducation, relapse prevention and coping skills training. Maximum group size is 1:8. Eligible provider: an individual qualified, trained and approved by the Division of CPS.

Documentation requirements: Daily attendance records or logs that include actual attendance times, as well as a description of the activity or session attended. If a provider is billing both PSR-IMR and regular PSR, the attendance record/logs must clearly identify and distinguish each type of PSR session and activity. These attendance record/logs must be available for audit and monitoring purposes, but are not required to be integrated into the clinical record. In addition, a weekly progress note must be completed which summarizes services rendered, client response to the services, and other pertinent information. If a provider is billing both PSR-IMR and regular PSR, there must either be a single weekly summary progress note that clearly addresses both the PSR-IMR and regular PSR sessions and activities during the week, or two separate weekly summary progress notes addressing each type of PSR provided during the week.

Please submit your letter and supporting information to the attention of Susan Blume at the Department of Mental Health, P.O. Box 687, Jefferson City, MO 65102.

Sincerely,



Joseph Parks, M.D., Director
Comprehensive Psychiatric Services

Resources

IMR: <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/illness/default.asp>

WRAP: <http://cole.mo.networkofcare.org/mh/home/index.cfm>

Procovery: <http://www.procovery.com>

Peer Specialists: <http://www.peerspecialist.org>

Chart A
(Not Recovery Focused)

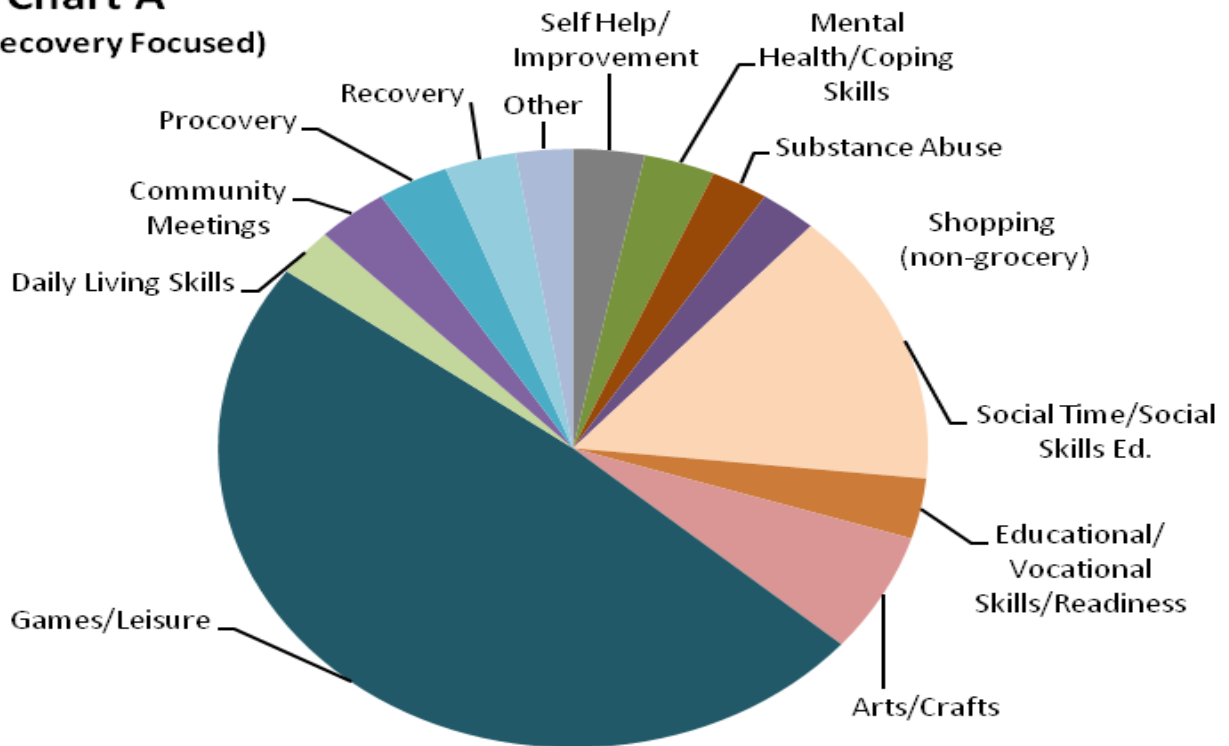
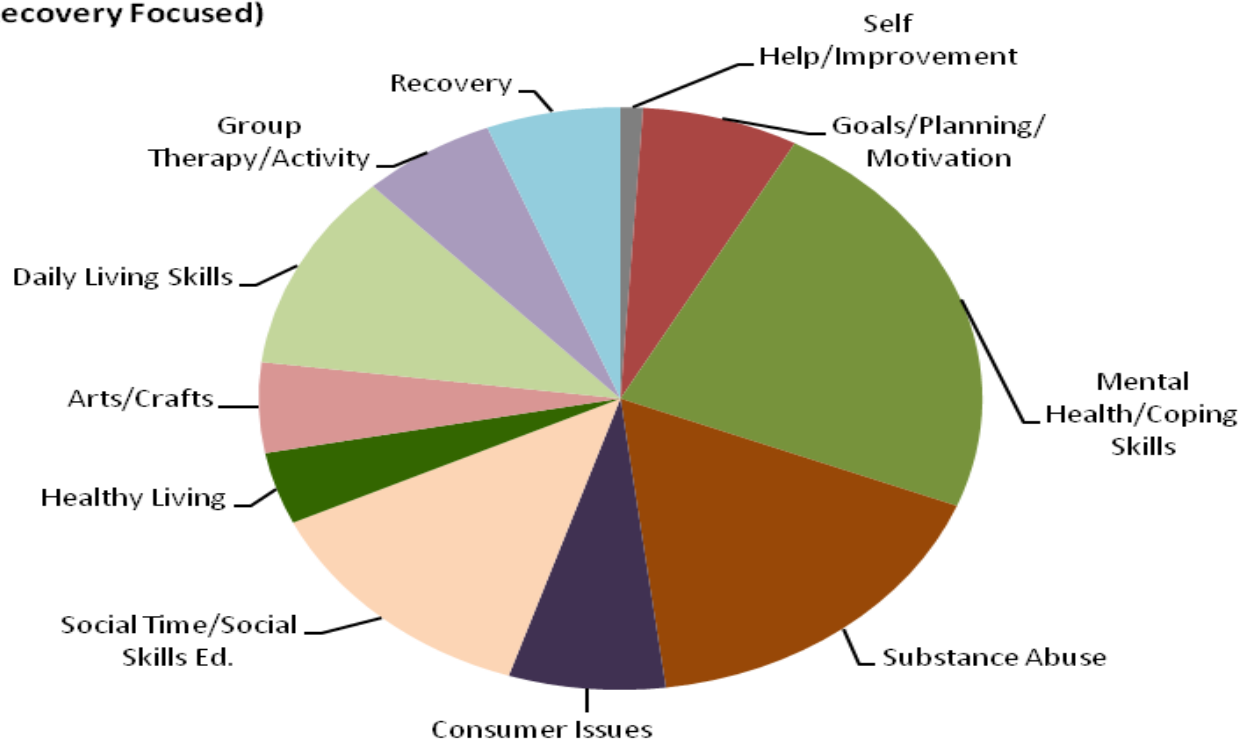


Chart B
(Recovery Focused)



The Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, religion, national origin, disability or age of applicants or employees.